ARIZONA STATE BOARD OF HEALTH  State File No. 182 - C	
	TAL STATISTICS Registered No. 70b
STANDARD CERTI	IFICATE OF BIRTH
County / MA State Wigord	
District or Township	
City Mami No. 87 Wed Springs Causis. Ward	
If child is not yet named, make	
Z. Puli name of emid.	
3. Sex of Child To be any fered ONLY (4. Twin, triplet of other	
8. FATHER	14. MOTHER
Full name Pedro Ybarra	Fuil maiden name Mercedla Mendoza
9. Residence (Usual place of abode) / Mamm	15. Residence (Usual place of abode) Muami
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race  11. Age at last birthdas 3.4 Years)	16. Color or race
Mey. 11. Age at last birthdays.sertears,	17. Age at last birthday(Years)
12. Birthplace (city or place) Jalie Co	18. Birthplace (city or place) Source
(State or country)	(State or country)
13. Occupation	19. Occupation Nature of Industry //
Nature of Industry MANAA	Aprelie
20. Number of children of this mother	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30  I hereby certify that I attended the birth of this child, who was the property of the date above stated.  (Born aliye or stillborn)	
*When there was no attending physician or midwife, then the father, householder, ctc., should make this return. A stillborn will bill is one that neither breathes nor	
-bowe other evidence of life after hirth.	Minami Phiama as
a supplement report Month, day, year	
Registrar. Filed au 10, 150 Lor 6 Registrar.	
181-929-441	
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